

DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue N.W.
Washington, DC 20307-5001

WRAMC Pamphlet
No. 40-97

19 August 2002

Medical Services
COMMUNITY HEALTH NURSING REFERRAL PROTOCOL

1. Purpose. The purpose of this pamphlet is to describe the Community Health Nursing (CHN) referral process and categories of beneficiaries who should be referred to Community Health Nursing Section (CHN), Preventive Medicine Service and to provide a guide for other community agency referrals.

2. Applicability. This publication applies to all administrative and clinical activities in the Walter Reed Army Medical Center, its outlying clinics, and tenant activities on the installation that may initiate referrals to CHN.

3. References.

- a. AR 40-5, Preventive Medicine, 15 October 1990.
- b. AR 40-407, Nursing Records and Reports, 15 August 1991.

4. Responsibilities.

a. Physicians, nurses, clinical specialists, and/or other Health Care Providers (HCP) have the overall responsibility for identifying patients who should be referred to CHN or other community agencies. Referrals should be generated as early as a need is identified so that necessary services can be coordinated. Providers are responsible for initiating referrals to CHN using the procedures described in this pamphlet.

b. Community Health Nurses are responsible for providing appropriate CHN services within program capabilities and providing feedback to the referring HCP.

5. Procedures.

a. Health Care Providers and representatives of community agencies can refer beneficiaries to CHN using a variety of means.

(1) The preferred referral mechanism is the Department of the Army (DA) Form 3763 (Community Health Nursing-Case Referral), (figure 1). This form provides information necessary to locate beneficiaries outside of the hospital setting. This form is available on the Army Medical Department (AMEDD) Electronic Forms Support System.

(a) The DA Form 3763 includes a medical release authorizing CHN to share medical information with other agencies if appropriate. This authorization must be signed for CHN to transfer a referral to other civilian or military health care agencies.

(b) Demographic information on CHN referral forms must be filled out completely to maximize CHN effectiveness in locating beneficiaries.

*This pamphlet superseded WRAMC Pamphlet 40-97 dated 6 March 2001.

(2) In the event a CHN referral form is not readily available, beneficiaries may be referred using a Standard Form (SF) 513 (Consultation Sheet), Composite Health Care System (CHCS) electronic consult, or by calling the CHN receptionist at (202)-782-3964. Telephone referrals will require a follow-up hard copy.

b. Community Health Nursing referrals should be made according to the guidelines in Appendix A, Community Health Nursing Referral Criteria. In order to expedite the referral process, a Community Referral Guide has been provided in Appendix B. Further guidance regarding CHN and other community agency referrals can be obtained by calling (202) 782-3964.

c. Every effort will be made to conduct initial contact within 5 working days of receipt of the referral to the CHN. Child health and safety follow up will be conducted within 2 working days. All attempts will be documented on the respective form in which the referral was sent (i.e. either the back of the DA Form 3763, the SF 513, or on CHCS).

d. Original copies of all referrals will be sent to the Outpatient Records Room for filing in the outpatient medical record. A copy of the referral will be sent to the initiator of the referral and a copy will be kept in the CHN files. Subsequent contacts will be documented on a SF 600, (Chronological Record of Medical Care).

e. If possible, the CHN should be advised of impending referrals identified during the discharge planning process for hospitalized patients, or during the outpatient visit when the beneficiary is present. This allows immediate contact with the patient and his/her family to arrange for visits, and results in less delay between the provider's identified need for CHN services and CHN intervention.

f. Community Health Nursing Section is co-located with the Preventive Medicine Service in Building 1, 3rd floor, B303. Phone number (202) 782-3964.

Figure 1

(SEE PRIVACY ACT STATEMENT ON REVERSE)

COMMUNITY HEALTH NURSING - CASE REFERRAL <small>For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General</small>			
TO: (Name and location) Community Health Nursing, Building 1, Room 303 Preventive Medicine Service Walter Reed Army Medical Center Washington, DC 20307-5001 (202)782-3964		FROM: (Name and location) Name of referring department, agency, HCP Please indicate point of contact (POC) and phone/pager in case the initiator must be contacted for clarification.	
1. NAME OF PATIENT (Last, First, Middle Initial) DOE, JOHN		2. ADDRESS OF PATIENT (Give specific directions) 2333 Some Road Somewhere, MD 22222 (two miles off Main St., north from I-495, take third left)	
3. DATE OF BIRTH 7 Jul 98	4. HOME PHONE (301) 123-4567		
5. NAME OF SPONSOR (Last, First, Middle Initial) DOE, MICHAEL			
6. GRADE AND SSN E6/ 123-45-6789	7. OFFICE PHONE (202) 987-6543		
8. ORGANIZATION SOME UNIT SOMEWHERE			
9. AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION I hereby authorize the release of the medical information relevant to this referral to the (Any civilian agency you anticipate a need to refer the patient to) _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Sponsor's signature _____ <small>Signature of Patient (or person authorized to consent for patient)</small> </div> <div style="width: 35%;"> Date _____ </div> </div>			
10. REASON FOR REFERRAL; OTHER SIGNIFICANT DATA Please provide specific information regarding the history of the condition or issue, current plans, and expected CHN intervention. If faxing or attaching a referral to an electronic message, please make telephone contact with a CHN first for specific transmission instructions and POC to ensure the CHN will expect the referral.			
11. SIGNATURE OF INITIATOR Legibly indicate initiator of referral. Must include signature			12. DATE
13. LOCATION OF RECORDS (Check applicable box(es)) MEDICAL RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION. FAMILY RECORDS <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT IN FILES OF THIS INSTALLATION.			
<i>This form in and of itself DOES NOT constitute a contract with the Army for payment of services to be rendered.</i>			

DA FORM 3763, SEP 79

REPLACES DA FORM 3763, 1 SEP 75 and DA FORM 3763-R, 26 SEP 75, WHICH ARE OBSOLETE

USAPPCV1.00

APPENDIX A

Community Health Nursing Referral Criteria

*The following list is not all-inclusive, nor does it require a referral for these diagnoses. It remains the judgment of the Healthcare Provider if a Community Health Nursing referral is indicated.

Category	Referrals
Antepartum	<ul style="list-style-type: none"> Age less than 18 years (with no adult support at home) Breastfeeding education Complicating medical conditions (preeclampsia, diabetics, previous complicated pregnancies) Anticipated multiple births Primagravida (first time pregnancy) Preterm labor (requiring bed rest or medication) Single parents
Postpartum	<ul style="list-style-type: none"> Age less than 18 (with no adult support at home) Breastfeeding support/education Complicated discharge instructions requiring follow-up health teaching First time parents Genetic anomalies (Down Syndrome, etc.) Infants transferred out to other facilities Medically fragile infants Multiple births Premature infants (less than 8 months) Single parents
Child Health/Safety	<ul style="list-style-type: none"> Child health/nutrition education related to specific knowledge deficit Child and Youth Services (CYS) program management of children with special needs/medical problems Failure to thrive Newly diagnosed medical Preventable accidents/Injuries (child safety education)
Disease Control	<ul style="list-style-type: none"> Epidemiological investigations of disease outbreaks Human Immunodeficiency Virus (HIV) education Reportable diseases/conditions Sexually transmitted disease education Tuberculosis control and education
Health Promotion	<ul style="list-style-type: none"> Community, group or individual health education regarding communicable disease control and surveillance, selected maternal/child health issues, and preventive medicine topics National Health Observances coordination for subjects relating to CHN program areas

APPENDIX B

Community Referral Guide

REFERRAL SUBJECT	APPROPRIATE AGENCY
Home evaluation of unsanitary conditions	Company Commander On-post Housing Office
Possible Child Abuse/Neglect	Department of Social Work
Discharge Planning	Department of Social Work
Home Nursing Coordination	Department of Health Plan Management
Possible Developmental Delays/ Speech Delays	Exceptional Family Member Program
General Health Promotion (including smoking cessation, cholesterol/blood pressure, fitness)	Wellness Services
Insect/species identification	Department of Public Works
Sexually Transmitted Infection Treatment	Males- Infectious Diseases Females- Obstetrical/Gynecological Clinic
Social Aspects/Issues (including financial, transportation, new to area, parenting classes)	Company Commander Army Community Services

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The proponent agency of this publication is the Preventive Medicine Service, Community Health Nursing Section. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, Walter Reed Army Medical Center, ATTN: MCHL-HN, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

FOR THE COMMANDER:

OFFICIAL:

JAMES R. GREENWOOD
COLONEL, MS
Deputy Commander for
Administration

ERIK J. GLOVER
MAJOR, MS
Executive Officer

DISTRIBUTION:
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